



City of Burien, Washington

CITIZEN ADVISORY BOARDS APPLICATION

NAME: _____

HOME ADDRESS: _____
STREET CITY STATE ZIP CODE

HOME PHONE: _____ BUSINESS PHONE: _____

E-MAIL: _____

BOARD, COMMITTEE OR COMMISSION FOR WHICH YOU ARE APPLYING:

CURRENT OCCUPATION: _____ EMPLOYER: _____

1. WHY ARE YOU INTERESTED IN SERVING IN THIS POSITION?

2. WHAT COMMUNITY ACTIVITIES OR OTHER EXPERIENCE DO YOU BRING TO THIS POSITION, INCLUDING LEADERSHIP ROLES?

3. DO YOU HAVE ANY SPECIAL SKILLS OR EXPERTISE APPLICABLE TO THIS POSITION?

4. EDUCATIONAL/OCCUPATIONAL BACKGROUND:

ARE YOU AVAILABLE FOR EVENING MEETINGS? _____ DAYTIME MEETINGS? _____

IF YES, ARE THERE ANY EVENINGS THAT ARE UNACCEPTABLE? _____

CITY OF BURIEN RESIDENCY IS REQUIRED FOR MOST POSITIONS. FOR MORE INFORMATION, PLEASE CONTACT THE CITY CLERK AT (206) 248-5517

SIGNATURE: _____ DATE: _____

RETURN THIS FORM WITH RESUME, IF AVAILABLE, TO: CITY CLERK, CITY OF BURIEN, 400 SW 152ND STREET, STE.C, BURIEN, WA 98166